

STATE OF COLORADO  
CERTIFICATION OF VITAL RECORD

## CERTIFICATE OF DEATH

STATE FILE NUMBER 1052020032534

DECEDENT'S LEGAL NAME DONALD SEG SEMINGSSEN				DATE OF DEATH SEPTEMBER 22, 2020			
SEX MALE	SOCIAL SECURITY NUMBER 503-48-3540	AGE-Last Birthday (Years) 75	UNDER 1 YEAR Months: _____ Days: _____		UNDER 1 DAY Hours: _____ Minutes: _____		DATE OF BIRTH (Mo/Day/Yr) JULY 06, 1945
IF DEATH OCCURRED IN HOSPITAL INPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL				
Facility Name (if not institution, give street & number) MEDICAL CENTER OF AURORA				CITY, TOWN OR LOCATION OF DEATH AURORA		COUNTY OF DEATH ARAPAHOE	
RESIDENCE - STREET AND NUMBER 18795 E LINVALE PLACE				APT. NO.		ZIP CODE 80013	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO				COUNTY ARAPAHOE		CITY OR TOWN AURORA	
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) COMMERCIAL SUPERINTENDENT				KIND OF BUSINESS/INDUSTRY CONSTRUCTION		DECEDENT'S EDUCATION SOME COLLEGE CREDIT, BUT NO DEGREE	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White			
EVER IN US ARMED FORCES YES		MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (if wife give name prior to first marriage) JANICE LYNN KOVACH			
FATHER'S NAME EARL SEMINGSSEN				MOTHER'S NAME PRIOR TO FIRST MARRIAGE FLORA ELDORA BEST			
INFORMANT'S NAME JANICE SEMINGSSEN				INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE			
NAME OF FUNERAL HOME HORAN & MCCONATY FUNERAL SERVICE & CREMATION - DAR				CITY AND STATE OF FUNERAL HOME AURORA COLORADO		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION HORAN & MCCONATY CREMATORY			LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO		
INJURY AT WORK NO		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY SEPTEMBER 20, 2020		TIME OF INJURY UNKNOWN	
PLACE OF INJURY HOME-DECEDENT'S RESIDENCE							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code) 18795 E LINVALE PLACE AURORA ARAPAHOE COLORADO 80013							
DESCRIBE HOW INJURY OCCURRED ASPIRATION OF FOOD EXACERBATING CHRONIC NATURAL DISEASE							
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 14:39 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) SEPTEMBER 22, 2020		TIME PRONOUNCED DEAD 14:39 MIL	
MANNER OF DEATH ACCIDENT		WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?			
<b>CAUSE OF DEATH</b>							
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		Enter the chain of events, diseases, injuries, or complications that directly caused the death. a. ACUTE ASPIRATION PNEUMONIA COMPLICATING CHRONIC RESPIRATORY FAILURE b. ASPIRATION OF FOOD MATERIAL c. _____ d. _____					Approximate interval: Onset to death 2 DAYS  2 DAYS
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I CONGESTIVE HEART FAILURE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE WITH ANASARCA AND CHRONIC PLEURAL EFFUSION; CHRONIC OBSTRUCTIVE PULMONARY DISEASE; DIABETES MELLITUS; PATHOLOGIC SPINAL FRACTURES							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN						DATE SIGNED	
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER LISA VANTINE CORONER ASST. 13101 E BRONCOS PARKWAY ENGLEWOOD CO 80112 ARAPAHOE						DATE SIGNED SEPTEMBER 24, 2020	
DATE FILED BY REGISTRAR SEPTEMBER 25, 2020							

DATE ISSUED SEPTEMBER 25, 2020

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana  
STATE REGISTRAR



REV 01/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

